

AO 453 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME RYNE T. SANDEL		2. PHONE NUMBER (214) 368-2560		3. DATE 1/26/2023	
4. DELIVERY ADDRESS OR EMAIL RSANDEL@WHALENLAWOFFICE.COM		5. CITY FRISCO		6. STATE TX	7. ZIP CODE 75035
8. CASE NUMBER 4:20-CR-00384	9. JUDGE JORDAN	DATES OF PROCEEDINGS 10. FROM 1/23/2023 11. TO 1/25/2023			
12. CASE NAME USA v. BARBER		LOCATION OF PROCEEDINGS 13. CITY PLANO 14. STATE TEXAS			
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)	
<input checked="" type="checkbox"/> OPENING STATEMENT (Plaintiff)		01/23/2023		ALL WITNESSES	
<input checked="" type="checkbox"/> OPENING STATEMENT (Defendant)		01/23/2023			
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		01/25/2023		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)		01/25/2023			
<input type="checkbox"/> OPINION OF COURT					
<input checked="" type="checkbox"/> JURY INSTRUCTIONS		01/25/2023		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				VERDICT	
<input type="checkbox"/> BAIL HEARING				ORAL RULE 29	
				01/25/2023	
				01/24/2023	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE /S/ RYNE T. SANDEL				PROCESSED BY	
19. DATE 1/26/2023				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00